

**PSYCHIATRIC EVALUATION**

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Program Participant: Marshall G. Williams  
Participant ID:1234567  
Date of Birth: 02/19/2006  
Gender: Male  
Ethnicity: Caucasian

**Diagnosis:**

314.01            Attention-Deficit/Hyperactivity Disorder (ADHD)  
300.02            Generalized Anxiety Disorder  
Z55.9            Academic or Educational Problem

**History of Present Illness:**

Marshall has a history of ADHD and anxiety and has been taking Adderall daily since 2014. Marshall's mother is concerned about him continuing to take Adderall with his other asthma medications and has decided to stop giving him the medication after this visit. Marshall appears anxious being in the office and will not make eye contact with this writer. He coughs frequently and fidgets in the chair. He cannot stay focused on the topic at hand and has to be reminded and encouraged to answer questions. He denies any suicidal or homicidal ideation.

**Past Psychiatric History:**

Marshall was first diagnosed with ADHD and anxiety in September 2014. Marshall initially complained of stomach aches and headaches which were likely symptoms of his anxiety. Marshall began weekly therapy to help with his anxiety. Marshall only attended 5 weekly sessions with the therapist, James Lincoln. Marshall was verbally disrespectful towards the therapist and refused to engage in the activities. Marshall's mother, Ms. Williams, reports that before and after the sessions Marshall would throw tantrums in which he yelled at Ms. Williams and told her that he hated the therapist. Ms. Williams discontinued the therapy due to Marshall's reaction to the sessions. Marshall was prescribed Adderall in September 2014. Marshall continued to take Adderall daily and attended follow-up visits with Dr. Jones approximately every three months. Although Marshall took Adderall daily, as detailed above, he still exhibited significant behavioral and academic struggles in school, as reported by his mother.

**Substance Abuse History:**

None.

**Medical History:**

Chronic asthma

**Allergies:**

None.

**Current Medications:**

Adderall XR, 30 mg, daily  
(Albuterol and Dulera for asthma)

**Family, Social and Personal History:**

Marshall was born in Some City, YY in 2006. Until October 2017, Marshall resided with his mother, Kimberly Williams, and younger sister, Jessica Williams, in a subsidized apartment. Marshall's father, Michael Johnson, does not reside with the family or cover any financial obligations. Kimberly Williams had worked at Angel's Cleaning Service until August of this year. The family is facing eviction from their apartment at the end of the month and plan to go to the XYZ Community Shelter.

Pregnancy and birth history: Marshall's mother reported that she was 19 and his father was 21 at the time of his birth. There were no complications of pregnancy or delivery reported and he was born by Caesarean section. His birth weight was normal; but he experienced some jaundice following birth.

Developmental history: Marshall experienced sleep difficulties as an infant, rarely sleeping for more than a few hours at a time. Developmental milestones were reported as within normal range for gross motor development. However, he has struggled with fine motor coordination and speech and language development.

Educational history: Marshall attends school at Some City Elementary School. Marshall is in 4<sup>th</sup> grade and has an Individualized Education Program (IEP). Marshall began attending Some City Public Schools at age three, where he was enrolled in the district's Head Start preschool program. During his two years in this program, Marshall's teachers often reported that he seemed hyperactive. He displayed problems focusing and an inability to stay on task during activities. Once Marshall began Kindergarten, these problems worsened and others emerged. Marshall could not stay on task and would often run out of the classroom. Marshall also frequently complained of stomach aches or headaches and would have episodes of crying. In June 2014, a Child Study Team evaluated Marshall for special education services. Based on these evaluations, the Child Study Team concluded that Marshall was eligible for special education services and developed an IEP, based upon his ADHD and learning disabilities. Marshall has received a number of in-classroom services over the years and has continued to struggle with fighting with other students, breaking school rules, and being verbally disrespectful towards teachers. He struggled to maintain focus on assignments and did not respond to redirection from the teacher and classroom aide. Marshall is now in a self-contained classroom for all subjects.

**Mental Status Examination:**

Marshall appears his stated age with good personal hygiene and grooming. He is alert and oriented x4. He is currently calm and cooperative and denies any suicidal or homicidal ideation. His mood is anxious and affect is flat. His speech is soft and fast. He has fair impulse control and fair reliability. Thought processes are loosely associated. Thought content is normal.

**Ongoing Medications:**

None at this time. (Discontinuing Adderall XR 30 mg daily)

**Follow-Up:**

Marshall and mother were counseled about what it would mean to discontinue the Adderall. Discussed potential symptoms after stopping the medication including irritability, depression, fatigue, and nausea. Next appointment scheduled for February 12, 2018.

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Dr. Latoya Jones, Psychiatrist  
September 14, 2017